

Name
in
Full

Francis A Alberg ~~Eger~~

CERTIFICATE OF DEATH

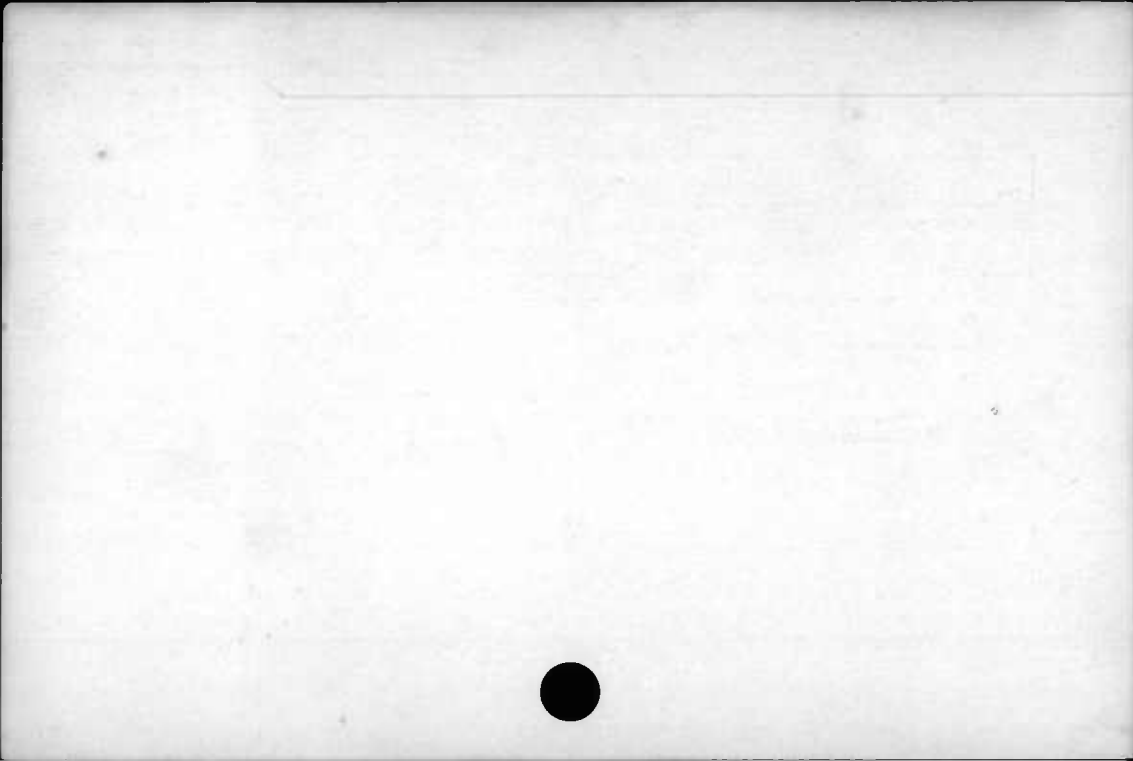
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Emmorton		County Storford		MARYLAND	
Date of death 1903	Month 1	Day 23	Age 78	Years 6	Months 7	Days	
Sex Female	Color or Race White American		Birth- place Maryland				
Married, Single or Widowed Widowed			Occupation Ladys				
Name of Wife or Husband Harry Alberg							
Father's Name David Kiebler				Father's Birthplace Prussylvania			
Mother's Maiden Name Janes Dr Coursey				Mother's Birthplace Maryland			
Name of person giving In formation Mrs John Porter				How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gangrene	How long 3 wks abt-
Immediate Blood Clot - 142	How long immediat
Are the name, age, sex, color, date and place correctly given above? YES	Signature of Physician C. A. Hellingworth
	Address Brd air
Accident or Suicide? Neither	



Name
in
Full

Isaac Banks

CERTIFICATE OF DEATH

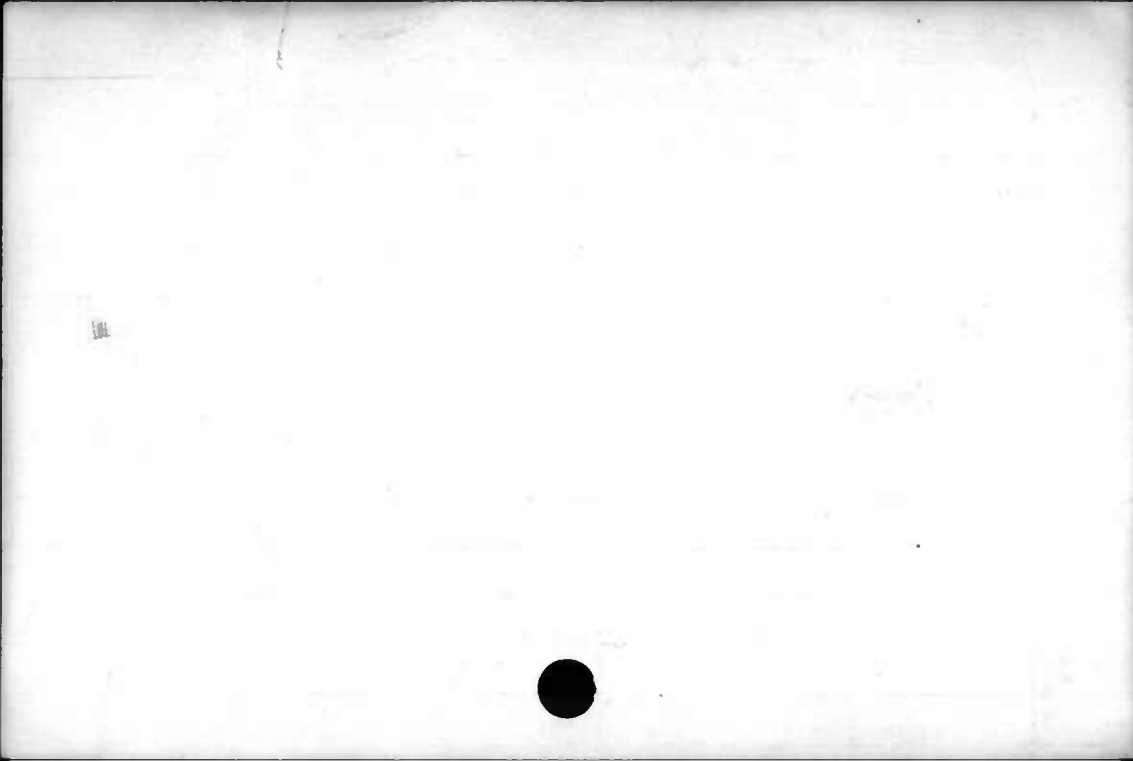
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fountain Green</i> Town		<i>Harford</i> County		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>16</i>	Age <i>59</i> Years	Months <i>Seven</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Married, <input checked="" type="checkbox"/> Single or <input checked="" type="checkbox"/> Widowed			Occupation <i>Laborer</i>		
Name of <input checked="" type="checkbox"/> Wife or <input checked="" type="checkbox"/> Husband <i>Laura Banks</i>					
Father's Name <i>Jas Banks</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Proua Rhodes</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Finney Daugherty</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Complications Apoplexy & Asthma</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Callahan</i>
	Address <i>Creswell Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name in Full

Certificate of Death

Geo W Barnes

Town *Castleton* County *Hartford* MARYLAND

Died at

Date 1903 *4* Month *28* Day *82* Y. *6* M. *-* D. *md* Native of *Farmer* Occupation

Male ~~Female~~ Married ~~Widow~~ ~~Divorced~~ Number of children living *9*

Husband of *Naziah Harris*

Father's Name *Benjamin Barnes* Mother's Maiden Name *Hannah Miller*

Cause of Death *Old Age* *15* How long sick

~~Accident, Suicide, Homicide~~

Reported by *W. H. H. Darling, Md.*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth A. Billingslea

CERTIFICATE OF DEATH

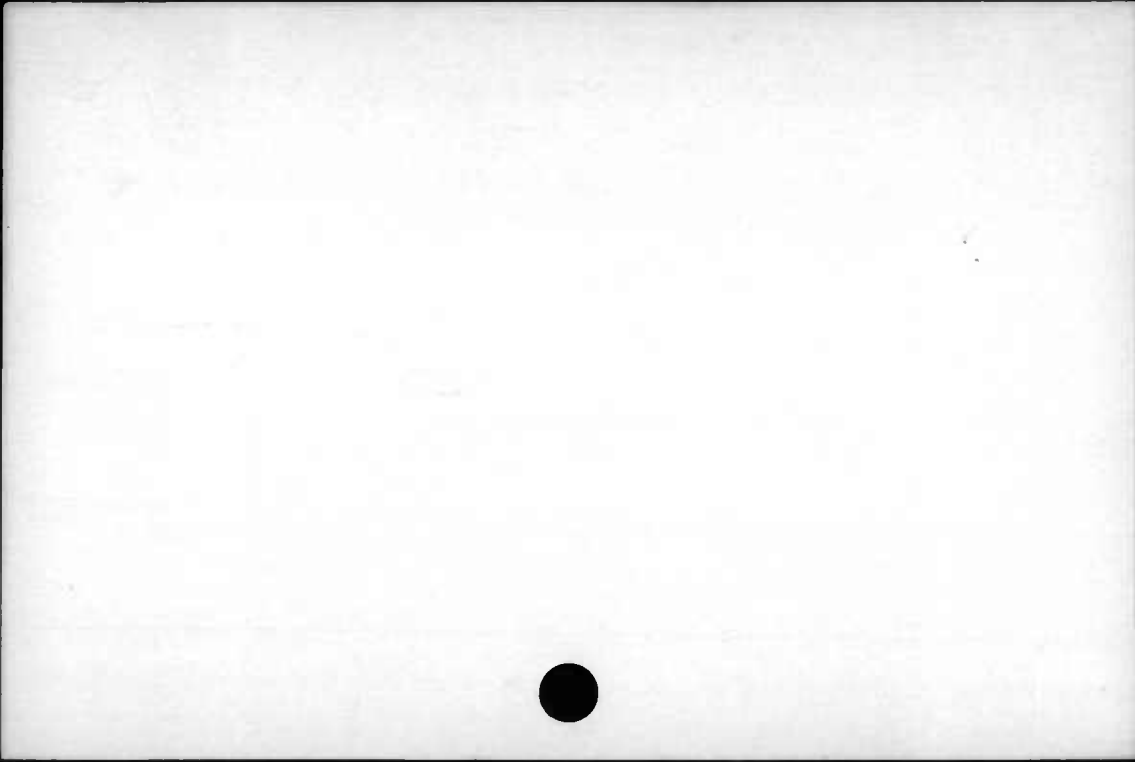
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Forest Hill		County Harford		MARYLAND	
Date of death 190	3	Month 1	Day 20	Age Years	79	Months "	Days "
Sex	Female		Color or Race	White		Birth- place	Harford Co
Married, Single or Widowed				Widow			
Occupation				None			
Name of Wife or Husband				John Billingslea			
Father's Name				Ozge Greenstein			
Father's Birthplace				Harford Co.			
Mother's Maiden Name				Martha Greenfield			
Mother's Birthplace				Harford Co			
Name of person giving In formation				Edward Cook			
How related to deceased				Friend			

CAUSES OF DEATH

PHYSICIAN
RECORDER

Primary	Senile Insanility 68		How long	4 mo.
Immediate	Stroke & exhaustion		How long	1 mo.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr. F. P. Smithson
		Address	Forest Hill and	
Accident or Suicide?				



Name
in
Full

Alfred Bond -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 1903	<i>Jan</i> ^{Month}	<i>15</i> ^{Day}	Age <i>73</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Harford Co.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Sarah T Bond</i>					
Father's Name			Father's Birthplace <i>Harford Co.</i>		
Mother's Maiden Name			Mother's Birthplace <i>Harford Co.</i>		
Name of person giving information <i>Charles T Bond</i>			How related to deceased <i>Step-son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>treated for 3 years</i>
Immediate <i>Uraemic Poisoning</i>	How long <i>3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. F. Vauter</i>
	Address <i>Bel Air, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

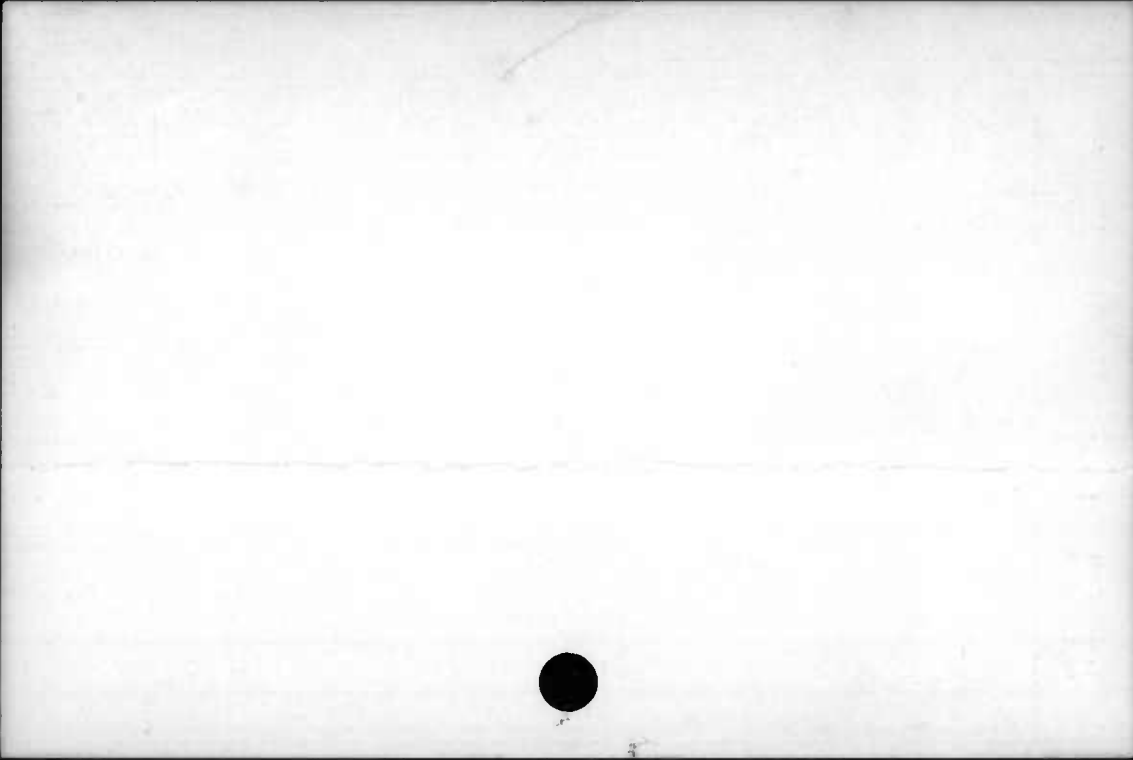
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Little Gun Powder</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>19</i>	Age <i>18</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Italy</i>		
Married, Single <i>Single</i> or Widowed			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Not Known</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Thomas Paull</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

Primary <i>Typho Pneumonia</i>	How long <i>3 wks</i>
Immediate <i>Same</i>	How long <i>3 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. G. Orsuech</i>
	Address <i>For</i>
Accident or Suicide? <i>—</i>	<i>md</i>

PHYSICIAN
OR CORONER



Certificate of Death

Date 19 03

Father's
Name

Cause of

Death

Reported by

Address

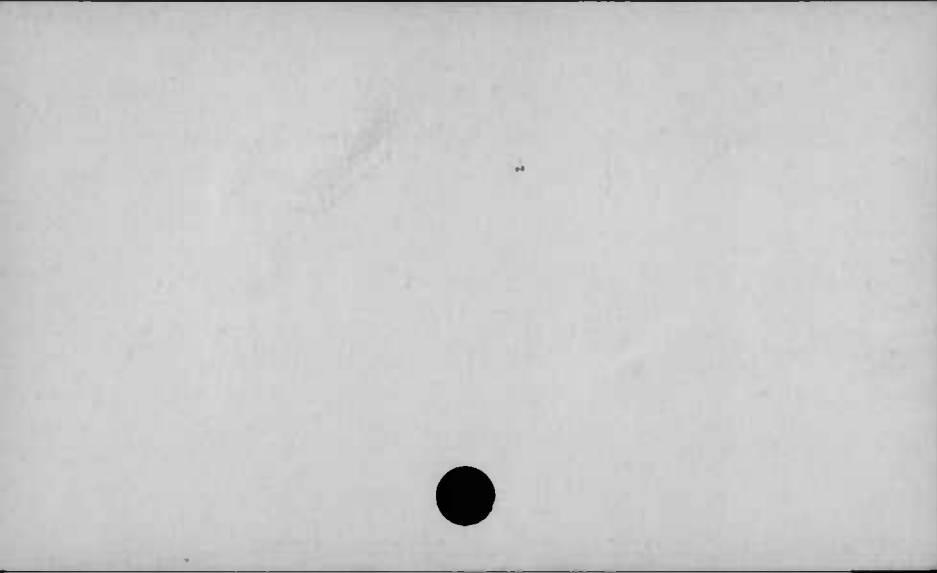
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Occupation

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79898



Name
in
Full

A. D. Carroll

CERTIFICATE OF DEATH

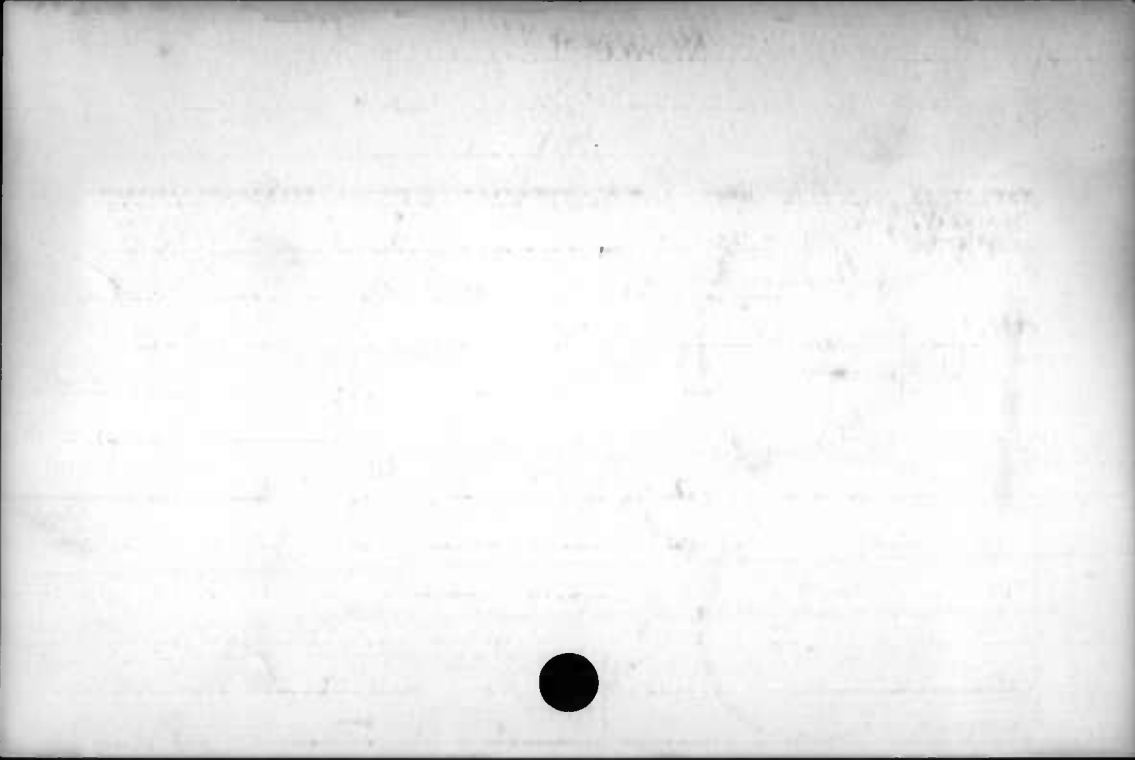
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Heare de Ban Rd		Heare de Ban Rd		Heare de Ban Rd			
Date of death 1903	Month 1	Day 22	Age 69	Years	Months 1	Days 9	
Sex Male	Color or Race White		Birth-place Chapel Rd				
Married, Single or Widowed	Married		Occupation Carpenter				
Name of Wife or Husband		Sarah A. Carroll					
Father's Name		Aquille Carroll			Father's Birthplace Chapel		
Mother's Maiden Name		Rachel Whitaker			Mother's Birthplace Phila Pa		
Name of person giving information		Sarah A. Carroll			How related to deceased Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease 79	How long	2 yrs
Immediate	Dropsey	How long	4 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. W. Smith M.D.	
		Address	
		Heare de Ban Rd	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1903

1

2

Age

63

—

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Chronic Nephritis & Gastritis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. A. Callahan M.D.

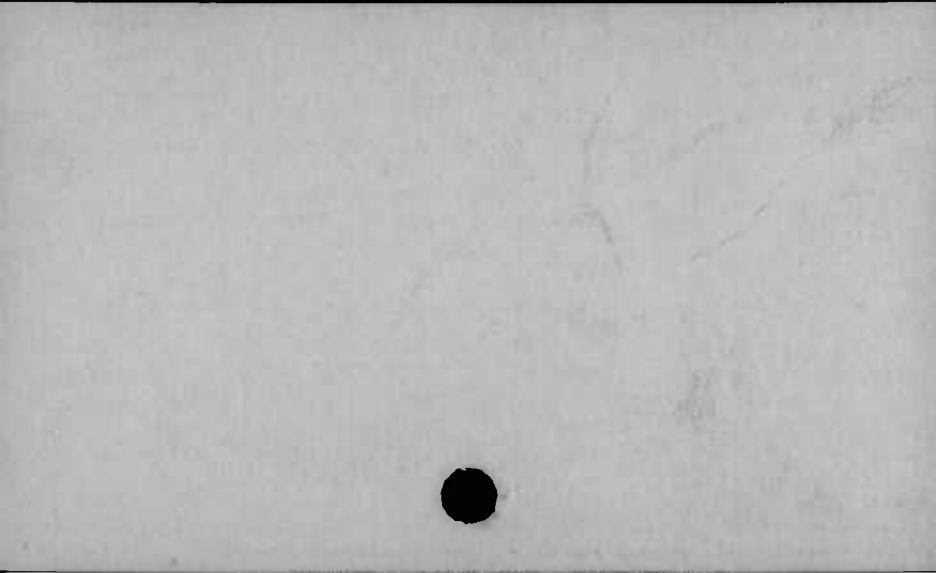
Address

Brewer

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Elizabeth Ann Chapman

Town
MaggiebiaCounty
Harford

MARYLAND

Month Day
Jan 17Y. M. D.
Age 46 6 18Native of Occupation
Maryland Housewife~~Male~~

White

Married

~~Widow~~~~Divorced~~

4

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

of

Christopher C Chapman

Name William Wilkerson

Mother's

Name

Noraussa D Erigo

How long sick

Primary

Immediate

Heart Failure 179

Accident, Suicide, Homicide

Chas E Roth M.D.

Edgewood Md.

LIBRARY MUSEUM, BOSTON

187
Samuel W. Benson

My dear friend

I have just received your letter of the 10th inst.

and am glad to hear from you.

I am well and hope these few lines will find you the same.

I have not much news to write at present.

I am, dear friend, very truly yours,

Samuel W. Benson

Name in Full

Certificate of Death

Eliza Cochran

Died at ^{Town} Abingdon

^{County} Harford

MARYLAND

Date 1893 ^{Month} January ^{Day} 26 ^{Age} 49 ^{Y.} — ^{M.} — ^{D.} — ^{Native of} — ^{Occupation} —

~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ ^{Number of children living} 1

Husband of

Wife

Father's

Mother's

Name

Name

Cause of Death { Primary Natural Causes - Age
Immediate Exhaustion - collapse

How long sick

~~Accident, Suicide, Homicide~~

Reported by

R. Oppermann

Address

Abingdon.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

ITALY



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary A. Davis*

Died at *Whitford* Town *Harford* County

Date of death 190*3* Month *Jan* Day *30* Age *35* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Married, Single or Widowed *Married* Occupation *Housewife*

Name of Wife or Husband *W. B. Davis*

Father's Name *Nathan Harry* Father's Birthplace *Ind*

Mother's Maiden Name *Rachel Harry* Mother's Birthplace *Pa*

Name of person giving information *W. B. Davis* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Schmippe* How long *2 days*

Immediate *Pneumonia* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. H. Curd*

Address *W. H. Curd*

Accident or Suicide? *No*



Name In Full

Cartificata of Daath

Beatrice Denson

Died at ^{Town} *Aldens* ^{County} *Harford* MARYLAND

Date 19 *63* Month *1* Day *14* Y. *16* M. D. Native of *Ind.* Occupation *Rupil*

Male White Married Widow ~~_____~~ Divorced ~~_____~~

Female Colored Single Widower Number of children living

Husband of ☒

Wife

Father's Name *Thomas Denson* Mother's Maiden Name *Rosae Hunter*

Cause of Death { Primary *neurasthenia* How long sick *74* *Don't know*

Death { Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by

J. H. Gentry

Address

Aldens Ind.

Must be signed by physician, if any in attendance, otharwise by coroner, undertakar or ministar.



Name in Full

Certificate of Death

Lydia A Earp

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

1

22

Age

80

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Six

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Chronic Nephritis

How long sick

Two Years

Death

Immediate

Influenza

Accident, Suicide, Homicide

Reported by

E. Wallwater

Address

Upper Falls Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Francis Hays Fulford
 Town County

Died at

Beth Air Harford

MARYLAND

Date 1906

Month Day
 Jan. 17

Age

Y. M. D.
 86 11 27

Native of

Harford

Occupation

~~Male~~

White

Married

Widow

~~Single~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cerebral hemorrhage

How long sick

twelve days

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

William S. Archer

M.D.

Address

Beth Air

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Date 19

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Single

Widower

Number of children living

MARYLAND

Male

White

Female

Colored

Mother's

Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide



Name in Full

Certificate of Death

Charlotte E. Giddings
 Town Clayton County Harford MARYLAND
 Died at
 Date 1903 Jan 23 Y. 15 M. - D. - Native of Occupation died
 Male White Married Widowed
 Female Colored Single Widower Number of children living

Husband of _____
 Wife _____
 Father's Name Ino Giddings Mother's Name Jane Giddings
 Cause of Primary Tuberculosis Secondary _____ How long sick Several weeks
 Death Immediate Cortical Tuberculosis Accident, Suicide, Homicide

Reported by

Chas. H. Hays M.D.
 Baltimore Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Died at

Date 1903

Male

Husband

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Age

Married

Single

Y.

M.

D.

Native of

Occupation

MARYLAND

~~Female~~

White

~~Colored~~~~Widow~~~~Widower~~~~Divorced~~

Number of children living

2

of

Mother's

Maiden Name

Primary

Immediate

How long sick

~~Accident, Suicide, Homicide~~

LIBRARY BUREAU, 79898

Oct 20 1827

James Greenland
Martha & Greenland
2 children / parishes
4 Pysers

David H. Harry

Town

County

Died at

Pylesville

Harford

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1

17

Age

73-11-

Maryland

Farmer

Male

White

Married

Widow

Died

Female

Colored

Single

Widower

Number of children living

Nine

Husband

of

Mary Hellingaworth

Wife

Father's

Name

Loel Harry

Mother's

Name

Elizabeth Pyle Harry

Cause of

Primary

Pneumonia

How long sick

4 days

Death

Immediate

Cerebral

93

Accident, Suicide, Homicide

Reported by

W. H. Curd

Address

Wells Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Anne Kealey

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1, 4

Age

63-0, 8

Ireland

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

4 yrs

Accident, Suicide, Homicide

Reported by

Dr. R. N. Smith

Address

Kealey de France

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs. Mary Jane Hutchins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Taylor</u> ^{Town}		<u>Hargford</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Jan.</u>	Day <u>12</u>	Years <u>74</u>	Months <u>10</u>	Days <u>27</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>widow</u>		Occupation <u>housewife</u>			
Name of Wife Husband <u>John Hutchins</u>					
Father's Name <u>John Hawkins</u>				Father's Birthplace	
Mother's Maiden Name <u>Mary Jane Hawkins</u>				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart disease</u> <u>79</u>	How long <u>6 years</u>
Immediate <u>Heart disease</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Thos. H. Emory, D.</u>
	Address <u>Hess</u>
Accident or Suicide? <u>no</u>	<u>Maryland</u>



Name
in
Full

CERTIFICATE OF DEATH

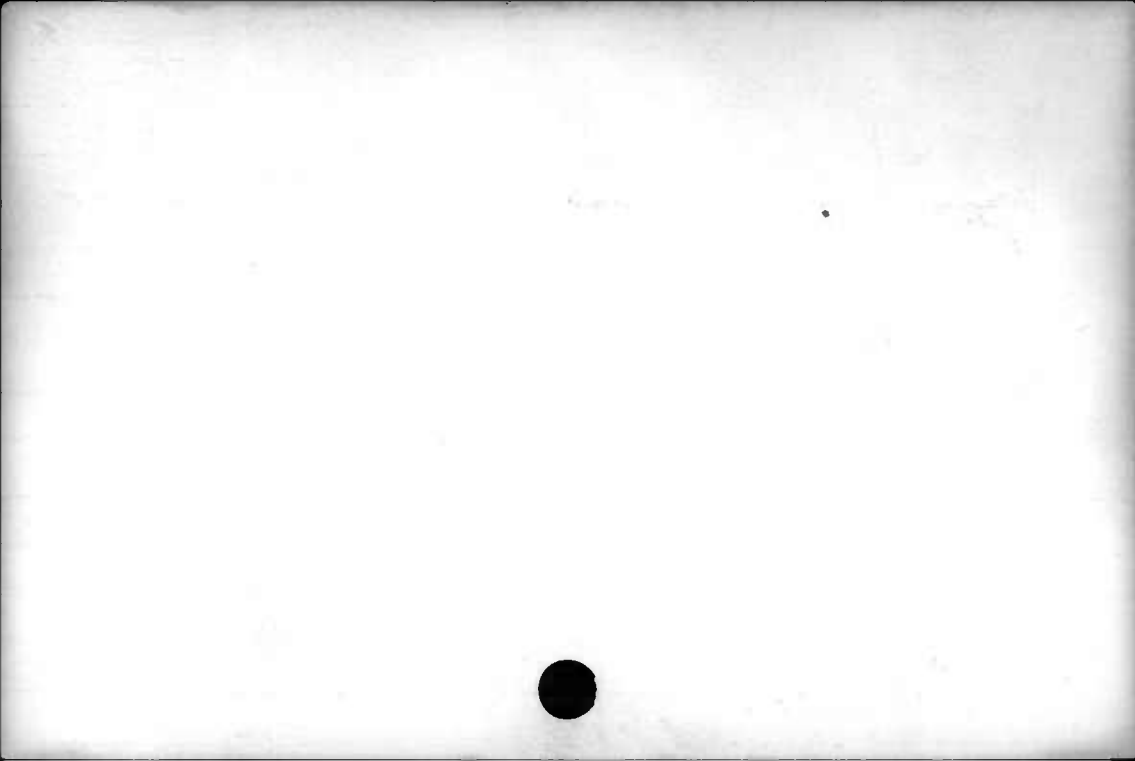
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day	Age <i>49</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place		
Married, Single or Widowed <i>Married</i>		Occupation <i>Transportation</i>			
Name of Wife or Husband <i>[illegible]</i>					
Father's Name <i>Sec. A. [illegible]</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving In formation			How related to deceased <i>Self</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long
Immediate <i>Brain [illegible]</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
	Address <i>Bel Air</i>
Accident or Suicide?	



Certificate of Death

Full *Bessie Jones,*

Town

County

Died at

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	1	9	17	J.		Maryland	—
Male	White	Married			Widow	Divorced	
Female	Colored	Single			Widower	Number of children living	

Husband of
Wife

Father's Name Hugh Jones Mother's Name 120

Cause of	Primary	Nephritis	How long sick
	Death		Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by officer, undertaker or minister.

LIBRARY BUREAU. 65968



Name In Full

Certificate of Death

Died at *Berkley* *Hartford* *MARYLAND*
 Town County
 Date 19 *03* *1* *28* *24* *27*
 Month Day Y. M. D.
 Age *24* *27*
 Native of *Pa*
 Occupation
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~
~~Wife~~

Father's Name *John King* Mother's Maiden Name *Susan Murry.*

Cause of Death { Primary Immediate *Pneumonia* *93*
 How long sick *3 months*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mary Elizabeth Kirkwood

Town

County

Died at

MARYLAND

Bradburn Harford
 Date 1903 Jan. 30 Y. M. D. Age 58. 6. 8 Maryland Housewife
 White Married Widow
 Female Colored Single Number of children living 5

of Robert Kirkwood
 Wife

Father's Name Wm Robinson Mother's Name Mary Kirkwood
 Maiden Name

Cause of Death { Primary Phthisis ✓ 6 years
 immediate Exhaustion from Phthisis
 How long sick
 Accident, Suicide, Homicide

Reported by Wmillard Stutling M.D.
 Shave

Address

Attest by physician, if any in attendance, otherwise by minister, undertaker or minister.

Md.



Josiah P. Lee
 Town County

Died at

Belibou

Stafford

MARYLAND

1903
 Date 189 Jan 21 Y. M. D. Native of Pa Occupation Farmer
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 4

Husband of

Susan J. Lee 95

Wife's

Name

Samuel Lee

Mother's

Name

James Phillips

Cause of

Primary

Congestion of lungs 3 days.

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

F. Lee Hughes,
Gibson, Md.

Address



Name
in
Full

Jessie E McAbry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan.</i>	Day <i>28</i>	Age	Months <i>6</i>	Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>James W McAbry</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Emma K McAbry</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>James W McAbry</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>93</i>
Immediate		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. D. Robinson</i>
		Address <i>Bel Air, Md.</i>
Accident or Suicide?		

Jan 30

Mr. Samuel.

Emmorton.

Name in Full

Certificate of Death

Thomas Miller

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 1.

Age

70 - 5.

Md

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband of

Rachel E. Miller

Wife

Father's

Name

Elisha Miller

Mother's

Maiden Name

Caroline Standiford

Cause of

Primary

Lobar Pneumonia

How long sick

5 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Jas. S. Alchurst m D.

Address

Norrisville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Persillia J. Mitchell

Town

County

Died at

MARYLAND

Died at Bardonia Harford
 Month 1 Day 16 Y. 43 M. Pa. Native of Pa. Occupation Housewife
 Date 1913

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

~~Husband~~ of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

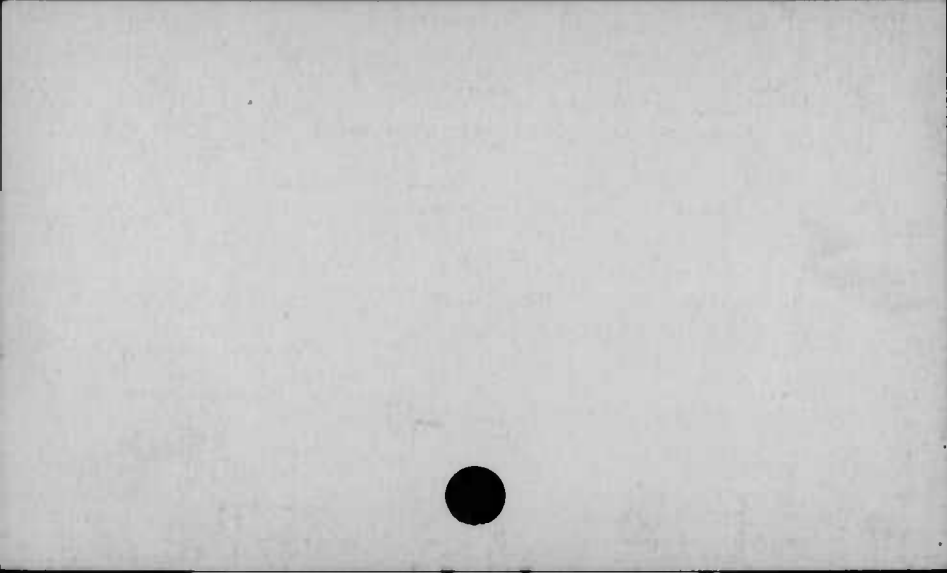
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

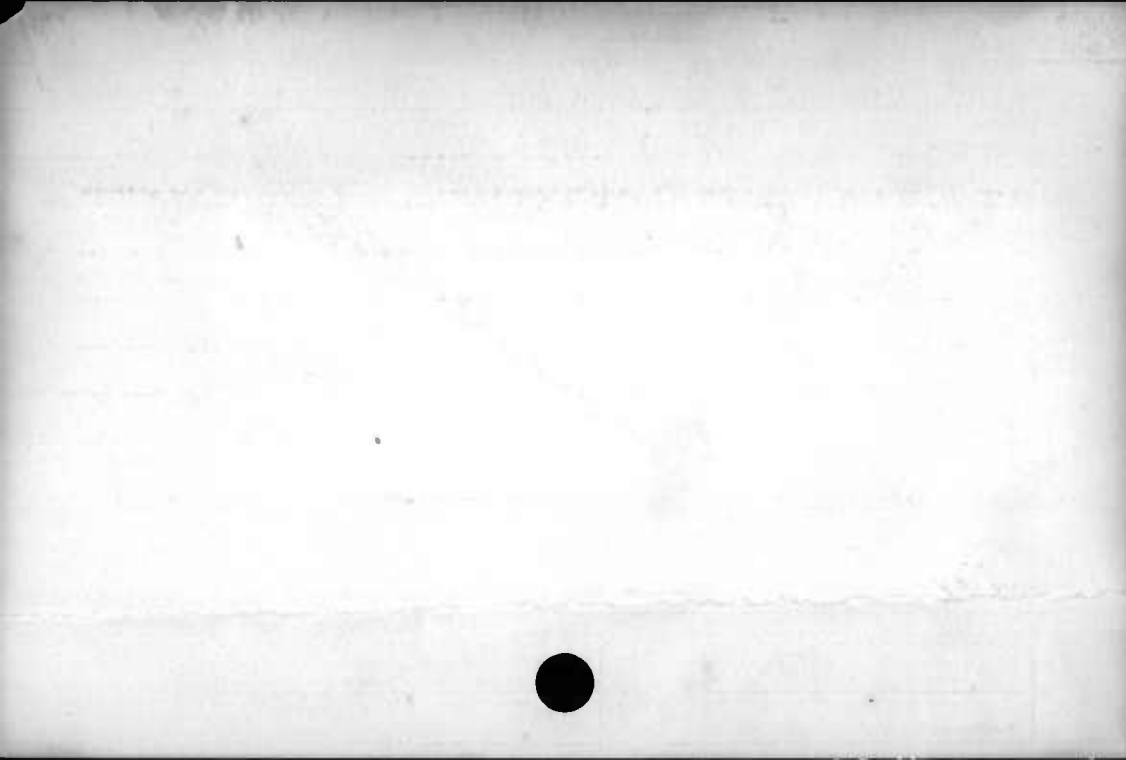
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Samuel Nowlin</i>		Town <i>Webster</i>		County <i>Harford</i>		MARYLAND		
Date of death <i>1903</i>	Month <i>1</i>	Day <i>19</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>1</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Webster, Md.</i>					
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name <i>Charles Price Nowlin</i>				Father's Birthplace <i>Lynchburg, Va.</i>				
Mother's Maiden Name <i>Lelia Mackey</i>				Mother's Birthplace <i>Rockbridge Co. Va.</i>				
Name of person giving information <i>C. P. Nowlin</i>				<i>150</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER.

Primary <i>Congenital Pulmonary Stenosis</i>	How long <i>From birth</i>
Immediate <i>Innability to oxygenate the blood</i>	How long <i>From birth</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Smith M.D.</i>
	Address <i>Waverly, Md.</i>
Accident or Suicide?	





Charlotte Rice

Died at *Michelsville*

Town

County *Harford*

MARYLAND

Date 1903 *1* *1* Month Day

Y. M. D.

Age *47*Native of *Harford* Occupation *Wife*

Male

White

Married

Widow

Divorced

Female

Colored

~~Single~~~~Widower~~Number of children living *6*

Husband of

Edwin Rice

Wife

Father's

Name

Rice Rice

Mother's

Maiden Name

Sallie M. Loman

Cause of

Primary

Bright's

How long sick

1 yr

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

J. H. Stein

Address

*Perryman**Quail*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth J. Richardson

Town

County

Died at

Abideen

Harford

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

Jan. 11

Age

74-1-1

Kentucky House work.

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

2

Husband

of

John M. Richardson

Wife

Father's

Name

John S. Hastings

Mother's

Maiden Name

Francis B. Lloyd

Cause of

Primary

Mitral Regurg. & Nephritis. Half home.

Death

Immediate

Nephrocardia. 79

How long sick

Accident, Suicide, Homicide

Reported by

W. S. Kriete, M.D.

Address

Abideen, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Scarborough

Certificate of Death

Ruth Ann Scarborough

Town

County

MARYLAND

Died at

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1900

Jan

16

Age

89

7

2

Scarford

Male

White

Married

Widow

Single

Female

Colored

Single

Widow

Number of children living

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Old age

Death

Immediate

How long sick

Three months

Accident, Suicide, Homicide

Reported by

Dr. W. E. Arthur

Address

Miss Green Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Marion E. Schuster

Town

County

Died at

Taylor

Harford

MARYLAND

Date 19

03

Month

Day

July 1

Age

Y.

M.

D.

Native of

Occupation

2 mo 11

Md

Male

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

1

Husband

of 1

Wife

Father's

Name

Charles C. Schuster

Mother's

Maiden Name

Elizabeth Barrow

Cause of

Primary

Meningitis

How long sick

4 weeks

Death

Immediate

Meningitis

Accident, Suicide, Homicide

Reported by

Wm. L. Smith

M.D.

Address

1000 1st St. N.W.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Olga Scott</i>		Town <i>Bear</i>		County <i>Stanford</i>		MARYLAND	
Died at <i>Bear</i>		Month <i>July</i>		Day <i>24</i>		Years <i>80</i>	
Date of death 19 <i>33</i>		Months _____		Days _____			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place _____			
Married, Single or Widowed <i>Single</i>		Occupation _____					
Name of Wife or Husband _____							
Father's Name _____				Father's Birthplace _____			
Mother's Maiden Name _____				Mother's Birthplace _____			
Name of person giving information <i>David J. Wilson</i>				How related to deceased <i>Niece</i>			

CAUSES OF DEATH

Primary <i>Old age</i>	How long _____
Immediate <i>Exhaustion</i>	How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. F. Van Bibber</i>
<i>Yes.</i>	Address <i>TB Cair</i>
<i>No.</i>	<i>Wd.</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN
OR CORONER

1

Monday 73rd/₄

Mountain Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Smith.*

Died at *Chesapeake Hill* Town *Harford* County

Date of death 190 *3* Month *Jan* Day *18* Age *87* Years Months Days *8*

Sex *M* Color or Race *white* Birth-place *Gunny*

~~Married, Single~~ or Widowed Occupation *Farmer*

Name of Wife or Husband *Matilda Smith*

Father's Name *John Smith* Father's Birthplace *Gunny*

Mother's Maiden Name *Wright* Mother's Birthplace

Name of person giving information *Nicholas Smith* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Apoplexy* How long *one day*

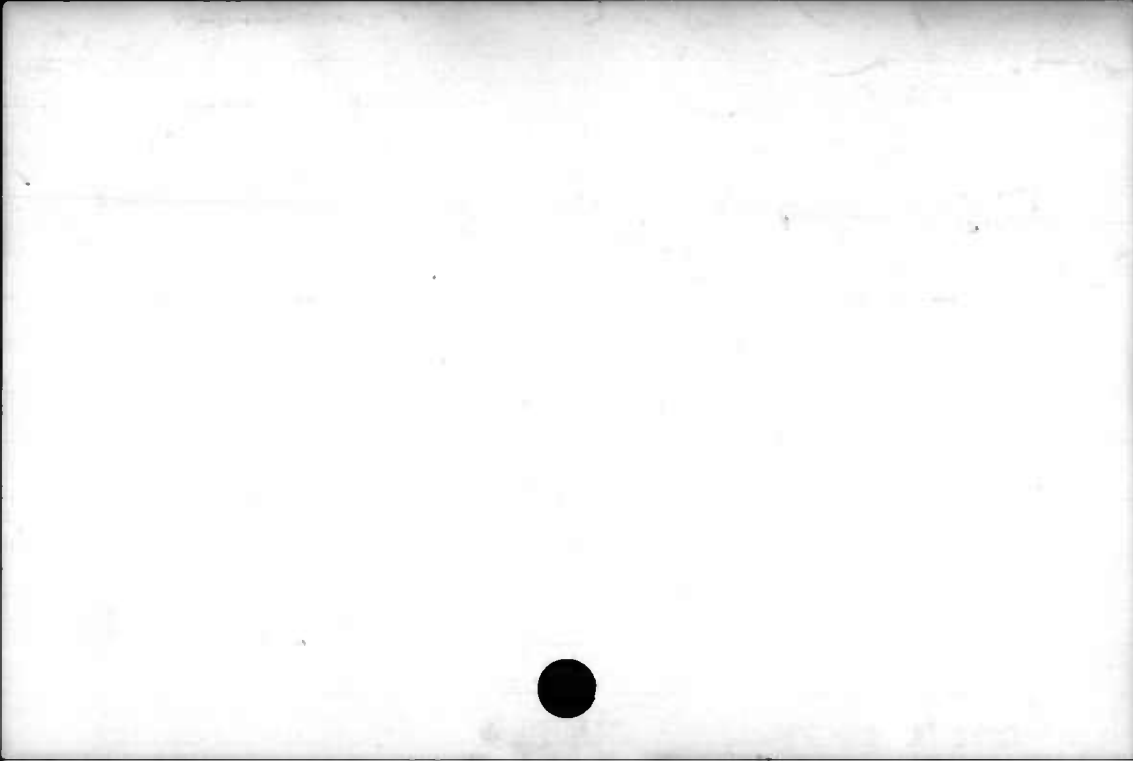
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. F. H. Arthur*

Address *Strid - Md*

Accident or Suicide?



Name
in
Full

William Hollis Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Hill</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day <i>17</i>	Age	Years <i>4</i>	Months <i>7</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birthplace <i>Harford Co</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband					
Father's Name <i>Mrs. Edwin Steward</i>			Father's Birthplace <i>Harford Co.</i>		
Mother's Maiden Name <i>Bessie B. Bond</i>			Mother's Birthplace <i>Harford Co</i>		
Name of person giving information <i>Mrs. Edwin Steward</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary <i>Conjestion of Lungs</i>	How long <i>1 week</i>
Immediate <i>Asphyxia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. P. Smithson</i>
	Address <i>Forest Hill, Md</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

1



Name in Full

Certificate of Death

Abner F. Stippler
 Town County

Died at *Marshall*

MARYLAND

Date 1903 / 23

Y. M. D.

Native of

Occupation

Age

May 15

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary valvular disease of heart.

How long sick

7. months

Death

Immediate heart disease

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

Heavy Stokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Preston		County Harford		MARYLAND	
Date of death 1903	Month Jan	Day 23	Age	Years 87	Months	Days	
Sex	Male		Color or Race	White		Birth- place	Harford Md
Married, Single or Widowed	Married			Occupation	Farmer		
Name of Wife or Husband		Mary L. Stokes					
Father's Name		David Stokes				Father's Birthplace	Preston
Mother's Maiden Name		Not				Mother's Birthplace	
Name of person giving In formation		Harold Stokes				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dislocation & Fract. Femur		How long	5 Wks.
Immediate	- Prostration -		How long	3 Days.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	R. Warren Rampay
			Address	Delta Pa
Accident or Suicide?				



Name in Full

Certificate of Death

Matthew Tahaney

Town

County

Died at

Fallston

Harford

MARYLAND

Date 1963

Month

Day

Y.

M.

D.

Native of

Occupation

1

7

Age 56

Ireland

Tailor

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Two

Husband

of

Mary Tahaney

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Consumption or

How long sick

2 Years

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. S. Baldwin Md.

Address

Baldwin Balto Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79803



Died at *Thomas*
Jarrettsville Town *Harford* County
 Date *03* *Jan* *2* Y. *24* M. *19* D. Native of *md* Occupation *—*
 Male *—* Married *—* Widowed *—* Divorced *—*
 Female *—* Colored *—* Single *—* Widower *—* Number of children living *—*

Husband of *—*
 Wife *—*
 Father's Name *George Thomas* Mother's Maiden Name *Maggie Jones*
 Cause of Death { *151*
 Primar *Natural Causes* How long sick *—*
 Immediate *—* Accident, Suicide, Homicide

Reported by *Dr. L. Smith M.D.*
 Address *Jarrettsville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas A. Thorpey

Town

County

Died at

Hume de Grace Howard

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1. 10

Age 25.10.21

Hume de Grace Elderly

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

2 yrs

Death

Immediate

Heart Weakness

Accident, Suicide, Homicide

Reported by

Dr. R. W. Smith

Address

Hume de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Melvin A Todd

Town

County

Died at

Andover

Hartford

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1

10

Age

4

Md

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Frank Todd

Mother's

Maiden Name

Maddam Fletcher

Cause of

Primary

Marasmus

105

How long sick

4 mo

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. H. Ginnery

Address

Andover Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Margaret F. Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		1	21	1		6	8
Sex	Color or Race		Birth-place				
Female	White		Home in care				
Married, Single or Widowed				Occupation			
-				-			
Name of Wife or Husband							
-							
Father's Name				Father's Birthplace			
Alonzo R. Walker				Home in care			
Mother's Maiden Name				Mother's Birthplace			
Myrtle M. Allen				Georgetown			
Name of person giving information				How related to deceased			
R. H. Smith				Nephew			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	How long	6
Immediate	Pneumonia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. H. Smith	
		Address	
		Home in care	
Accident or Suicide?			

